| Filli | n this information to identify your case: | | |
|---------------|---|------------|-------------------------------|
| Deb | | | |
| | First Name Middle Name Last Name | | |
| Debi (Spou | or 2 Se if, filing) First Name Middle Name Last Name | | |
| Unite | ed States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS, AUSTIN DIVISION | | |
| Case | e number 17-10284 | | |
| (if kno | wn) | _ | ck if this is an ended filing |
| | | ame | indea ming |
| Off | icial Form 106Sum | | |
| | nmary of Your Assets and Liabilities and Certain Statistical Information | | 12/15 |
| | complete and accurate as possible. If two married people are filing together, both are equally responsible for nation. Fill out all of your schedules first; then complete the information on this form. If you are filing amended | | |
| | original forms, you must fill out a new Summary and check the box at the top of this page. | | , |
| Part | 1: Summarize Your Assets | | |
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) | value | or what you own |
| ١. | 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 188,727.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 53,010.34 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 241,737.34 |
| Part | 2: Summarize Your Liabilities | | |
| | | | liabilities unt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D | \$_ | 248,263.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F | \$ | 2,551.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j &chedule E/F | \$ | 7,215.33 |
| | Your total liabilities | \$ | 258,029.33 |
| Part | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ | 4,536.92 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$_ | 1,913.00 |
| Part | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your or | her sche | dules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | ■ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a p | ersonal, f | amily, or household |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______9,689.86

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cl | aim |
|--|----------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 2,551.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 2,551.00 |

| Debtor 1 | Adam Dwayne For | ontenot Middle Name | Last Name | | |
|---------------------------------|---|------------------------|---|--|--|
| Debtor 2 | | | | | |
| Spouse, if filing) | First Name | Middle Name | Last Name | | |
| Jnited States Ba | nkruptcy Court for the: | WESTERN DISTR | RICT OF TEXAS, AUSTIN DIVISION | | |
| Case number _ | 17-10284 | | | | Check if this is a amended filing |
|)4: -: -! E- | 400 A /D | | | | |
| | <u>rm 106A/B</u> | | | | |
| scneaui | e A/B: Prop | erty | | | 12/15 |
| □ No. Go to Par ■ Yes. Where is | | | | | |
| 1.1 | | Wha | t is the property? Check all that apply | | |
| 13208 Cal | 13208 Cabinet Dr Street address, if available, or other description | | Single-family home | Do not deduct secured clar the amount of any secure | |
| | | | Duplex or multi-unit building Condominium or cooperative | Creditors Who Have Clair | |
| | | | Manufactured or mobile home | Current value of the | Current value of the |
| Manor | TX 786 | <u>553-4053</u> □ | Land | entire property? | portion you own? |
| City | State | ZIP Code | ' ' ' | \$188,727.00 | \$188,727.0 |
| | | | | Describe the nature of y | our ownership interest ancy by the entireties, o |
| | | Who | has an interest in the property? Check one | a life estate), if known. | ancy by the entheties, o |
| | | | Debtor 1 only | Fee Simple | |
| Travis | | | Debtor 2 only | | |
| County | | | | ☐ Check if this is con | nmunity property |
| | | | | (see instructions) | |
| | | | er information you wish to add about this ite | m, such as local | |
| | | hrob | erty identification number: | | |
| | | | | | |
| | | | | | |
| | | | | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

| Debte | or 1 F | ontenot, Adam Dwayne | | Case number (if known) | 17-10284 |
|--------------|-------------------|---|--|---------------------------------------|--|
| 3. Ca | rs, vans, | trucks, tractors, sport utility vel | hicles, motorcycles | | |
| | | | • | | |
| | | | | | |
| • | Yes | | | | |
| 2.4 | Makai | Chevrolet | Who has an interest in the manualty? Charles | Do not deduct secu | red claims or exemptions. Put |
| 3.1 | Make: | Silverado 1500 | Who has an interest in the property? Check one | the amount of any | secured claims on Schedule D: |
| | Model: Year: | 2015 | ■ Debtor 1 only □ Debtor 2 only | | e Claims Secured by Property. |
| | | nate mileage: 26500 | Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the entire property? | ne Current value of the portion you own? |
| | | ormation: | ☐ At least one of the debtors and another | | , , |
| | | | | 404.450 | 00 004 450 000 |
| | | | Check if this is community property (see instructions) | <u>\$24,150.</u> | .00 \$24,150.00 |
| 3.2 | Make: | Hyundai | Who has an interest in the property? Check one | | red claims or exemptions. Put |
| | Model: | Sonata | ■ Debtor 1 only | | secured claims on Schedule D: e Claims Secured by Property. |
| | Year: | 2014 | Debtor 2 only | Current value of the | |
| | Approxin | nate mileage: 51000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other inf | ormation: | At least one of the debtors and another | | |
| | | | Check if this is community property (see instructions) | \$10,446 | .00 \$10,446.00 |
| | | | | | |
| 4.1 | Make: | | Who has an interest in the property? Check one | Do not deduct secu | red claims or exemptions. Put |
| | Model: | | ■ Debtor 1 only | the amount of any | secured claims on Schedule D: e Claims Secured by Property. |
| | Year: | | Debtor 2 only | Current value of the | ne Current value of the |
| | O11 : 1 | | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other inf | ormation: | ☐ At least one of the debtors and another☐ Check if this is community property | \$5,000.0 | 90 \$5,000.00 |
| | 2013 F | Polaris 500HO ATV | (see instructions) | | Ψο,οσοίου |
| 5 14 | d the do | llar value of the portion you own | n for all of your entries from Part 2, including | any entries for nages | |
| | | | mber here | | \$39,596.00 |
| Part 3 | Descri | be Your Personal and Household Ite | ems | | |
| | | | erest in any of the following items? | | Current value of the portion you own? Do not deduct secured |
| <i>E</i> > | <i>(amples:</i> l | goods and furnishings Major appliances, furniture, linens, | china, kitchenware | | claims or exemptions. |
| | Yes. Des | scribe | | | |

| Debtor 1 | Fontenot, Adam Dwayne | Case number (if known, | 17-10284 |
|-------------------|--|------------------------------------|---|
| | Sofa - \$500 Loveseats - \$300 Stove/range - \$400 Coffee Table - 50 2 End Tables - \$50 Kitchen Table and chairs - \$1000 Dining Table and chairs - \$200 Dresser - \$50 Bed1 - \$500 Bed2 - \$100 Bed3 - \$100 | | \$3,250.00 |
| | Entertainment Center - \$1000 | | \$1,000.00 |
| | Refrigerator - \$400 Kitchen devices - \$100 Microwave - \$50 Washing machine - \$300 Clothes dryer - \$300 Dishwasher - \$150 Dishes/flatware - \$50 Pots/pans - \$10 Lamps - \$70 | | \$1,430.00 |
| □No | les: Televisions and radios; audio, video, stereo, and digital equipment; computers including cell phones, cameras, media players, games Describe | s, printers, scanners; music colle | |
| | Television \$1000 | | \$1,000.00 |
| | Cellphone | | \$200.00 |
| <i>Examp</i> □ No | ibles of value les: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or collections, memorabilia, collectibles Describe Family pictures - \$200 Collectibles - \$500 | other art objects; stamp, coin, o | r baseball card collections; other \$700.00 |
| Examp □ No | nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tal instruments Describe 3 Bicycles - \$150.00 | bles, golf clubs, skis; canoes and | |
| ■ No | ms ples: Pistols, rifles, shotguns, ammunition, and related equipment Describe | | |
| □ No | Describe Men's clothing - \$500 Children's clothing - \$100 | | \$600.00 |

Official Form 106A/B Schedule A/B: Property page 3

| Debtor | 1 Fontenot, Adam D | wayne | Case number (if known) | 17-10284 |
|----------------|---|--|---|--|
| 12. Jew | - | stume jewelry, engagement | rings, wedding rings, heirloom jewelry, watches, gems, gold, | silver |
| ■ N | | , ,, ,, | , ,, ,, ,, | |
| | n-farm animals amples: Dogs, cats, birds, ho | reac | | |
| ■ N | | 365 | | |
| ΠY | es. Describe | | | |
| 14. Any | • | hold items you did not al | ready list, including any health aids you did not list | |
| | o es. Give specific information. | | | |
| | dd the dollar value of all of irt 3. Write that number her | • | including any entries for pages you have attached for | \$8,330.00 |
| Part 4: | Describe Your Financial Asse | ıte | | |
| | own or have any legal or e | | of the following? | Current value of the |
| | | | | portion you own? Do not deduct secured claims or exemptions. |
| 16. Cas | | our wallet in your home in a | a safe deposit box, and on hand when you file your petition | |
| □N | 0 | | | |
| ■ Y | es | | | \$100.00 |
| | | | Cash on hand | |
| | institutions. If you ha | | certificates of deposit; shares in credit unions, brokerage hou the same institution, list each. | ises, and other similar |
| ■ Y | es | | Institution name: | |
| | 17.1. | Checking Account | Austin Telco Federal Credit Union | \$1,087.85 |
| | | 0 | Avetin Talas Fadaval Cradit Union | \$1,000.00 |
| | 17.2. | Savings Account | Austin Telco Federal Credit Union | - |
| 18. Bor | nds, mutual funds, or public amples: Bond funds, investme | cly traded stocks ent accounts with brokerage | e firms, money market accounts | |
| ■ N □ Y | o es | Institution or issuer name | :: | |
| | -publicly traded stock and nt venture | interests in incorporated | and unincorporated businesses, including an interest | in an LLC, partnership, and |
| Joil ■ N | | | | |
| ΠY | es. Give specific information | | o | |
| | Na | me of entity: | % of ownership: | |
| Ne | <i>gotiable instrument</i> s include p | personal checks, cashiers' o | and non-negotiable instruments checks, promissory notes, and money orders. cosomeone by signing or delivering them. | |
| ■ N | • | | | |
| ΠY | es. Give specific information a | about them suer name: | | |
| | | | | |
| | | | , thrift savings accounts, or other pension or profit-sharing | plans |

| D | ebtor 1 | Fontenot, Ad | am Dwayne | | Case number (if known) | 17-10284 |
|-----|---------------------------|---------------------------------|---|--|-------------------------------|---|
| | ■ Yes. | List each account | separately. Type of account: 401(k) or Similar Plan | Institution name: Fidelity | | \$2,746.49 |
| 22. | Your s | | deposits you have made so that y | rou may continue service or use fro c utilities (electric, gas, water), telec | | , or others |
| | Yes. | | | Institution name or individual: | | |
| _ | | | Utility | Blue Bonnet | | \$150.00 |
| 23. | . Annuit i ■ No | ies (A contract for | a periodic payment of money to yo | ou, either for life or for a number of | i years) | |
| | ☐ Yes | Iss | uer name and description. | | | |
| 24. | | | IRA, in an account in a qualifice (9A(b), and 529(b)(1). | ed ABLE program, or under a qu | ualified state tuition prog | ram. |
| | ☐ Yes | Ins | titution name and description. Se | parately file the records of any inter | rests.11 U.S.C. § 521(c): | |
| 25. | . Trusts, ■ No | , equitable or futu | re interests in property (other | than anything listed in line 1), a | and rights or powers exer | cisable for your benefit |
| | ☐ Yes. | Give specific info | rmation about them | | | |
| 26. | | | demarks, trade secrets, and other in names, websites, proceeds fro | her intellectual property om royalties and licensing agreemen | nts | |
| | ☐ Yes. | Give specific info | rmation about them | | | |
| 27. | Examµ ■ No | oles: Building perm | | ve association holdings, liquor licen | ses, professional licenses | |
| | ☐ Yes. | Give specific info | rmation about them | | | |
| M | oney or | property owed to | you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | . Tax ref | unds owed to you | и | | | |
| | ■ No □ Yes. | Give specific inforr | nation about them, including whe | ther you already filed the returns ar | nd the tax years | |
| 29. | Examp | support oles: Past due or lu | imp sum alimony, spousal suppo | ort, child support, maintenance, di | vorce settlement, property | settlement |
| | ■ No □ Yes. | Give specific inforr | nation | | | |
| 30. | Examp | | | disability benefits, sick pay, vacatio | n pay, workers' compensat | tion, Social Security benefits; |
| | ■ No □ Yes. | Give specific infor | mation | | | |
| 31. | . Interes Examp | ts in insurance po | olicies | gs account (HSA); credit, homeow | rner's, or renter's insurance | |
| | ■ No □ Yes. | Name the insuranc | ee company of each policy and lis Company name: | | ficiary: | Surrender or refund value: |

Official Form 106A/B Schedule A/B: Property page 5

| Del | otor 1 | Fontenot, Adam Dwayne | | Case number (if known) | 17-10284 |
|-----|-----------------|--|-----------------------------|-------------------------------|------------------------------|
| 32. | | terest in property that is due you from someone who has are the beneficiary of a living trust, expect proceeds from a life i | | currently entitled to receive | property because someone has |
| | ■ No □ Yes. | Give specific information | | | |
| 33. | | s against third parties, whether or not you have filed a law. ples: Accidents, employment disputes, insurance claims, or ric | | d for payment | |
| | ■ No | Describe each claim | • | | |
| _ | _ | contingent and unliquidated claims of every nature, includ | ling counterclaims of | the debtor and rights to s | set off claims |
| _ | ■ No □ Yes. | Describe each claim | | | |
| _ | Any fir ■ No | nancial assets you did not already list | | | |
| _ | _ | Give specific information | | | |
| 36. | | the dollar value of all of your entries from Part 4, including 4. Write that number here | | | \$5,084.34 |
| Par | t 5: De | escribe Any Business-Related Property You Own or Have an Inter | est In. List any real estat | te in Part 1. | |
| _ | _ • | own or have any legal or equitable interest in any business-relate | ed property? | | |
| _ | _ | | | | |
| L | Yes. (| Go to line 38. | | | |
| | | | | | |
| Par | | escribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1. | Own or Have an Interest | t In. | |
| 46. | | u own or have any legal or equitable interest in any farm- of | or commercial fishing | -related property? | |
| | _ | s. Go to line 47. | | | |
| | | | | | |
| Par | t 7: | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| _ | Exam | u have other property of any kind you did not already list? ples: Season tickets, country club membership | | | |
| | ■ No | City and differential | | | |
| L | | Give specific information | | | |
| 54. | Add | the dollar value of all of your entries from Part 7. Write tha | t number here | | \$0.00 |
| Par | t 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part | 1: Total real estate, line 2 | | | \$188,727.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | \$39,596.00 | | |
| 57. | Part : | 3: Total personal and household items, line 15 | \$8,330.00 | | |
| 58. | Part 4 | 4: Total financial assets, line 36 | \$5,084.34 | | |
| 59. | Part : | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part (| 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part | 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$53,010.34 | Copy personal property to | stal \$53,010.34 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$241,737.34 |

Official Form 106A/B Schedule A/B: Property page 6

| Fil | ll in this informa | tion to identify your ca | se: | | | | |
|---------------------------|--|--|---|---|---|---|--|
| De | ebtor 1 | Adam Dwayne For | ntenot | | | | |
| | ahtar O | First Name | Middle Name | L | ast Name | | |
| 1 1 | ebtor 2 oouse if, filing) | First Name | Middle Name | L | ast Name | | |
| Ur | nited States Bank | cruptcy Court for the: | WESTERN DISTRICT OF T | EXAS | s, AUSTIN DIVISION | | |
| Ca | ase number 17 | 7-10284 | | | | | |
| (if k | known) | | | | | ☐ Check if this is an | |
| | | | | | | amended filing | |
| <u>O</u> | fficial For | m 106C | | | | | |
| S | chedule | C: The Pro | perty You Cla | im | as Exempt | 4/16 | |
| pro out kno | perty you listed on and attach to this own). | n <i>Schedule A/B: Propert</i> s page as many copies of | y(Official Form 106A/B) as yor Part 2: Additional Page as ned | ur sou cessa | rce, list the property that you claim a rry. On the top of any additional page | oplying correct information. Using the s exempt. If more space is needed, fill s, write your name and case number (if | |
| spe app fun to a | ecific dollar amo olicable statutor ids—may be un | ount as exempt. Alterna y limit. Some exemptio limited in dollar amoun ar amount and the valu | tively, you may claim the fu ns—such as those for healt t. However, if you claim an e | II fair h aid: exem _l | s, rights to receive certain benefit | ng exempted up to the amount of any s, and tax-exempt retirement under a law that limits the exemptior | |
| Pa | art 1: Identify | the Property You Clair | n as Exempt | | | | |
| 1. | Which set of e | xemptions are you clai | ming? Check one only, even | if you | r spouse is filing with you. | | |
| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | |
| | You are clair | ning federal exemptions. | 11 U.S.C. § 522(b)(2) | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | | Specific laws that allow exemption | |
| | 40000 0-11 | | \$188,727.00 | • | \$2,307.00 | 11 USC § 522(d)(1) | |
| | 13208 Cabin Manor TX, 76 County: Tra Line from Sche | 8653-4053 vis | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Chevrolet Silverado 15 | .00 | \$24,150.00 | | \$3,775.00 | 11 USC § 522(d)(2) | |
| | 2015 26500 | •• | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Line from Sche | dule A/B: 3.1 | | | | | |
| | Sofa - \$500 Loveseats - | ¢300 | \$3,250.00 | | \$3,250.00 | 11 USC § 522(d)(3) | |
| | Stove/range Coffee Table 2 End Table Kitchen Tab | - \$400 e - 50 s - \$50 le and chairs - \$100 e and chairs - \$200 | ס | | 100% of fair market value, up to any applicable statutory limit | | |

Bed3 - \$100

Line from Schedule A/B: 6.1

| Brief description of the property and line on | Current value of the | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--|----------------------------|-----|---|------------------------------------|
| Schedule A/B that lists this property | Copy the value from | Che | eck only one box for each exemption. | |
| Entertainment Center - \$1000 | Schedule A/B \$1,000.00 | • | \$600.00 | 11 USC § 522(d)(3) |
| Line from Schedule A/B. 6.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Entertainment Center - \$1000 Line from Schedule A/B 6.2 | \$1,000.00 | | \$400.00 | 11 USC § 522(d)(5) |
| Ellie Holli Golliddio 702. G.E | | | 100% of fair market value, up to any applicable statutory limit | |
| Refrigerator - \$400 Kitchen devices - \$100 | \$1,430.00 | | \$1,430.00 | 11 USC § 522(d)(3) |
| Microwave - \$50 Washing machine - \$300 Clothes dryer - \$300 Dishwasher - \$150 Dishes/flatware - \$50 Pots/pans - \$10 Lamps - \$70 Line from Schedule A/B: 6.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| Television \$1000 Line from Schedule A/B 7.1 | \$1,000.00 | | \$1,000.00 | 11 USC § 522(d)(5) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Cellphone Line from Schedule A/B. 7.2 | \$200.00 | | \$200.00 100% of fair market value, up to | 11 USC § 522(d)(3) |
| | | | any applicable statutory limit | |
| Family pictures - \$200 Collectibles - \$500 | \$700.00 | | \$700.00 | 11 USC § 522(d)(3) |
| Line from Schedule A/B. 8.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3 Bicycles - \$150.00 Line from Schedule A/B 9.1 | \$150.00 | | \$150.00 | 11 USC § 522(d)(5) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Men's clothing - \$500 Children's clothing - \$100 | \$600.00 | | \$600.00 | 11 USC § 522(d)(3) |
| Line from Schedule A/B 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash on hand Line from Schedule A/B 16.1 | \$100.00 | | \$100.00 | 11 USC § 522(d)(5) |
| | | | 100% of fair market value, up to any applicable statutory limit | |
| Austin Telco Federal Credit Union Line from Schedule A/B: 17.1 | \$1,087.85 | | \$1,087.85 | 11 USC § 522(d)(5) |
| | | | 100% of fair market value, up to any applicable statutory limit | |

| | rief description of the property and line on chedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Check only one box for each exemption. | | Specific laws that allow exemption | |
|-----|---|--------------------------------------|---|---|------------------------------------|--|
| | | Copy the value from Schedule A/B | | | | |
| | ustin Telco Federal Credit Union | \$1,000.00 | | \$1,000.00 | 11 USC § 522(d)(5) | |
| | Te Holli Schedule A/D 11.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | idelity | \$2,746.49 | | | 11 USC § 522(d)(10)(E) | |
| LII | ne from <i>Schedule A/B</i> : 21.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| _ | ue Bonnet \$150.00 | | | \$150.00 | 11 USC § 522(d)(5) | |
| | The Holli Schedule A/D, 22.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | re you claiming a homestead exemption of subject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covered No Yes | years after that for case | s filed | , , | | |

| Fill in this information to identify you | | | | |
|--|--|----------------------------------|---------------------|--------------------------|
| Fill in this information to identify you | r case: | | | |
| Debtor 1 Adam Dwayne | | | | |
| First Name Debtor 2 | Middle Name Last Name | | | |
| (Spouse if, filing) First Name | Middle Name Last Name | | | |
| United States Bankruptcy Court for the: | WESTERN DISTRICT OF TEXAS, AUSTIN | I DIVISION | | |
| Officed States Bankruptcy Court for the | WESTERN DISTRICT OF TEXAS, AUSTIN | I DIVISION | | |
| Case number | | | | |
| (if known) | | | | if this is an |
| | | | ameno | led filing |
| Official Form 106D | | | | |
| | Who Have Claims Secure | d by Droporty | . 1 | 40/45 |
| Scriedule D. Creditors | Who Have Claims Secure | d by Property | У | 12/15 |
| | If two married people are filing together, both are ed t, number the entries, and attach it to this form. On | | | |
| Do any creditors have claims secured by | y your property? | | | |
| | is form to the court with your other schedules. You | u have nothing else to rea | oort on this form. | |
| Yes. Fill in all of the information b | • | aa.oog o.oo to .o _f | | |
| | elow. | | | |
| Part 1: List All Secured Claims | | Column A | Column B | Column C |
| | nore than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As | Amount of claim | Value of collateral | Unsecured |
| much as possible, list the claims in alphabeti | | Do not deduct the | that supports this | portion |
| 2.1 Dynamic Motors | Describe the property that secures the claim: | value of collateral. \$17,472.00 | s10,446.00 | If any \$7,026.00 |
| Creditor's Name | 2014 Hyundai Sonata GLS 4dr | \$17,472.00 | \$10,440.00 | \$7,020.00 |
| | Sedan (2.4L 4cyl 6A) | | | |
| 1500 E Cesar Chavez St | As of the date you file, the claim is: Check all that apply. | | | |
| Austin, TX 78702-4339 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or second car loan) | ecured | | |
| Debtor 2 only | ′ | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | ☐ Other (including a right to offset) | | | |
| community debt | | | | |
| Date debt was incurred 2016-11-18 | Last 4 digits of account number 2819 | | | |
| | Z819 | | | |
| 2.2 Gm Financial | Describe the property that secures the claim: | \$38,605.00 | \$24,150.00 | \$14,455.00 |
| Creditor's Name | 2015 Chevrolet Silverado 1500 | | ΨΣΨ,100.00 | <u> </u> |
| | | | | |
| | As of the date you file, the claim is: Check all that | | | |
| PO Box 181145 | apply. | | | |
| Arlington, TX 76096-1145 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | ■ An agreement you made (such as mortgage or se | ecured | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | | | | |
| Date debt was insurred 2015 11 | Local A digita of account number 0700 | | | |

| Describe the property that secures the claim: \$5,766.00 \$5,000.00 \$766.00 Installment account 1068 W Town and Country Rd Orange, CA 92868-4716 Namber, Steec, Cay, Sime & Zp Coale Dispute of Last 4 of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Belief of only Debtor 1 only Statistory Isin (south as tax lien, mechanic's isin) Judgment Isin from a lawsuit Other (including a right to offset) Describe the property that secures the claim: \$186,420.00 \$188,727.00 \$0.00 2.4 Planet Home Lending, Code and south is community debt Describe the property that secures the claim: \$186,420.00 \$188,727.00 \$0.00 2.4 Planet Home Lending, Code and south is community debt Describe the property that secures the claim: \$186,420.00 \$188,727.00 \$0.00 2.4 Planet Home Lending, Code and south is community debt Describe the property that secures the claim: \$186,420.00 \$188,727.00 \$0.00 2.4 Planet Home Lending, Code and south is community debt Describe the property that secures the claim: \$186,420.00 \$188,727.00 \$0.00 2.4 Planet Home Lending, Code and south is community debt Describe the property that secures the claim: \$186,420.00 \$188,727.00 \$0.00 2.4 Planet Home Lending, Code and south is community debt Describe the property that secures the claim: \$186,420.00 \$188,727.00 \$0.00 2.4 Planet Home Lending, Code and south is community debt Describe the property that secures the claim: \$186,420.00 \$188,727.00 \$0.00 2.4 Planet Home Lending, Code and south is community and south is community debt Describe the property in the claim is: Chack all that apply. As of the debt you file, the claim is: Chack all that apply. As of the debt you file, the claim is: Chack all that apply. As of the debt you file, the claim is: Chack all that apply. As of the debt you file, the claim is: Chack all that apply. As of the debt you file, the claim is: Chack all that apply. As of the debt you file, the claim is: Chack all that apply | Debtor 1 Adam Dwayne Fonteno | Case number (f know) | 17-10284 | | |
|---|--|--|--------------------------------------|----------------------------|-----------|
| Installment account 1068 W Town and Country Rd Orange, CA 92868-4716 Namor: Steek, City, Steek 24716 Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 9 only D | First Name Middle N | lame Last Name | | | |
| Installment account 1068 W Town and Country Rd Orange, CA 92868-4716 Namor: Steek, City, Steek 24716 Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 9 only D | 2.3 Model Finance Company | Describe the property that secures the claim | \$5,766.00 | \$5.000.00 | \$766.00 |
| Country Rd Orange, CA 92868-4716 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 2 conly | <u></u> | Installment account | | * - / | |
| Country Rd Orange, CA 92868-4716 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 2 conly | | | | | |
| Country Rd Orange, C. 49.2888-4716 Number, Street, City, State & 2p Code Who owes the debt? Check one. Date of the debtors and another Check in the state in relates to a community debt Date debt was incurred 2015-08 Last 4 digits of account number 1064 Add the dollar value of your entries in Column A on this page. Write that number here: PART2. List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified board your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is riving to collect for my our for a debt to you was to some else, list the creditor in Part 1, and then fist the collection agency here. Similarly, if you have mere than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, continued a register of any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, on the fill of the page of the debts that you listed in Part 1 lid you enter the credit | | As of the date you file, the claim is: Check all the | | | |
| Who owes the debt? Check one. Debtor 1 and Debtor 2 only Check literates to a community debt | | apply. | | | |
| Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 8 only Debtor 9 only Debtor | | | | | |
| Debtor 1 only | Number, Street, City, State & Zip Code | • | | | |
| Debtor 1 only An agreement you made (such as mortgage or secured care loan) Debtor 2 only At least one of the debtors and another Debtor 1 and Debtor 2 only Judgment lien from a lawsuit Other (including a right to offset) Judgment lien from a lawsuit Other (including a right to offset) Date debt was incurred 2016-07 Last 4 digits of account number 5656 2.4 Planet Home Lending, Describe the property that secures the claim: \$186,420.00 \$188,727.00 \$0.00 3208 Cabinet Dr, Manor, TX 78653-4053 As of the date you file, the claim is: Check all that spoke Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor | Who owes the debt? Check one | -1 | | | |
| □ Debtor 2 and Debtor 2 and Debtor 3 and Debtor 2 and Debtor 3 and De | _ | _ | or secured | | |
| Statutory lien (such as tax lien, mechanic's lien) | _ ′ | • | or secured | | |
| □ At debt was incurred 2016-07 Last 4 digits of account number 5656 2.4 Planet Home Lending, LC Creditor's Name 2.7 Planet Home Lending, LC Creditor's Name 321 Research Pkwy Ste 30 Meriden, CT 06450-8301 Number, Street, City, State & Zp Code Nature of lien, Check all that apply. □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here: S248,263.00 Part 22 List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1, for not fill out or a debt you ove to someone else, list the creditor in Part 1, and then list the collection agency is rying to collect from you for a debt you ove to someone else, list the creditor in Part 1, and then list the collection agency larged in Part 1, for not fill out or submit this page. Write that deditional creditors here. If you do not have additional persons to be notified for any other submit this pyou listed in Part 1, list the additional persons to be notified for any other submit this pyou listed in Part 1, is not this upon the debts in Part 1, is not fill advouenter the creditor? 2.22 Name, Number, Street, City, State & Zip Code Americredit/Gim Financial PO Box 183853 Last 4 digits of account number | _ | Ctatutary lian (quah as tay lian, mashania's li | on) | | |
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| Planet Home Lending, LC Describe the property that secures the claim: \$186,420.00 \$188,727.00 \$0.00 | Date debt was incurred 2016-07 | Last 4 digits of account number 5 | 656 | | |
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| LLC Describe the property that secures the claim: \$186,420.00 \$188,727.00 \$0.00 Contingent | Planet Home Lending | | | | |
| 321 Research Pkwy Ste 30 Meriden, CT 06450-8301 Number, Street, City, State & Zip Code Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only Detect if this claim relates to a community debt Date debt was incurred Date debt was incurred Date debt was incurred 2015-08 Last 4 digits of account number Date debt was poly. An of the debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Number, Street, City, State & Zip Code Americredit/Gm Financial PO Box 183853 As of the date you file, the claim is: Check all that apply. As of the deta you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. An agreement you made (such as mortgage or secured car loan) Date debt vas incurred Date of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Date debt was incurred Date (including a right to offset) Date debt was incurred Date (including a right to offset) Date (including a right | 1/41 | Describe the property that secures the claim: | \$186,420.00 | \$188,727.00 | \$0.00 |
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| As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed | | 78653-4053 | | | |
| Meriden, CT 06450-8301 Contingent Cont | | As of the date you file, the claim is: Check all the | | | |
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| Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Number, Street, City, State & Zip Code Americredit/Gm Financial PO Box 183853 Last 4 digits of account number 0726 | Part 2: List Others to Be Notified to | r a Doht That You Already Listed | | | |
| trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. Name, Number, Street, City, State & Zip Code Americredit/Gm Financial PO Box 183853 On which line in Part 1 did you enter the creditor? 2.2 Last 4 digits of account number 0726 | | • | torror already listed in Boot 4. Fo | | |
| Name, Number, Street, City, State & Zip Code Americredit/Gm Financial PO Box 183853 On which line in Part 1 did you enter the creditor? 2.2 Last 4 digits of account number 0726 | trying to collect from you for a debt you o than one creditor for any of the debts that | we to someone else, list the creditor in Part 1, a you listed in Part 1, list the additional creditors | and then list the collection agen | cy here. Similarly, if you | have more |
| Americredit/Gm Financial PO Box 183853 Last 4 digits of account number 0726 | | | | | |
| Americredit/Gm Financial PO Box 183853 Last 4 digits of account number | | Zip Code C | On which line in Part 1 did you ente | r the creditor? 2.2 | |
| | | | | | |
| | PO Box 183853 Arlington, TX 76096-3853 | L | ast 4 digits of account number0 | 126 | |

| | | | | | | | | _ | | |
|---------------------------|--|---|---|---|-----------------------------------|----------------------------|--|----------------------------------|--------------------------|--|
| Fil | I in this infor | mation to identify your c | ase: | | | | | | | |
| De | ebtor 1 | Adam Dwayne Fo | ntenot | | | | | | | |
| | | First Name | Middle I | Name | Last Nam | е | | } | | |
| | ebtor 2 ouse if, filing) | First Name | Middle I | Name | Last Nam | e | | | | |
| Ur | nited States Ba | ankruptcy Court for the: | WESTERN | I DISTRICT OF TE | EXAS. AUS | TIN DIVISIO | ON | | | |
| | | annupro, court or me. | | | | | | | | |
| | ase number (nown) | 17-10284 | | _ | | | | | Chock i | f this is an |
| (| | | | | | | | " | amende | |
| \sim | :::::::::::::::::::::::::::::::::::::: | 400E/E | | | | | | _ | | - |
| | | <u>m 106E/F</u> - C roditoro W | ha Hava | Llaggering | d Claim | _ | | | | 40/4E |
| | | E/F: Creditors W | | | | | craditors with NON | IDDIODITY A | aime Liet | 12/15 |
| Sch D: 0 the cas | nedule G: Exec Creditors Who Continuation F e number (if kr | ntracts or unexpired leases of utory Contracts and Unexpi Have Claims Secured by Pro Page to this page. If you have nown). | red Leases (O operty. If more e no informat | official Form 106G). I e space is needed, c ion to report in a Pa | Do not inclu | de any cred t you need, | itors with partially s | secured clain ne entries in t | ns that are the boxes | listed in Schedule on the left. Attach |
| 1. | Do any credit | ors have priority unsecured | l claims again | st you? | | | | | | |
| | ☐ No. Go to | Part 2. | | | | | | | | |
| | Yes. | | | | | | | | | |
| 2. | identify what to possible, list the | Ir priority unsecured claims ype of claim it is. If a claim ha ne claims in alphabetical orde n one creditor holds a particula | s both priority a r according to t | and nonpriority amounthe creditor 's name. | nts, list that o If you have n | laim here an | nd show both priority | and nonpriorit | y amounts | . As much as |
| | (For an explar | nation of each type of claim, se | ee the instructi | ons for this form in the | e instruction | booklet.) | Total alaim | Deionitus | | Namoriavity |
| | _ | | | | | | Total claim | Priority amount | | Nonpriority amount |
| 2.1 | | of the Attorney Gene reditor's Name | ral L | ast 4 digits of accor | unt number | 8421 | \$2,551.00 | <u> </u> | \$0.00 | \$2,551.00 |
| | Filolity C | reditor's Name | v | Vhen was the debt in | ncurred? | 2014-12 | ! | | | |
| | | x 12017 | | | | | | _ | | |
| | | , TX 78711-2017 Street City State Zlp Code | | As of the date you fil | le, the claim | is: Check al | Il that apply | | | |
| | Who incurre | ed the debt? Check one. | [| ☐ Contingent | | | | | | |
| | Debtor 1 | only | [| ☐ Unliquidated | | | | | | |
| | Debtor 2 | only | [| ☐ Disputed | | | | | | |
| | Debtor 1 | and Debtor 2 only | 1 | ype of PRIORITY ur | nsecured cla | iim: | | | | |
| | ☐ At least o | one of the debtors and anothe | r I | Domestic support | obligations | | | | | |
| | ☐ Check if | this claim is for a commun | ity debt [| Taxes and certain | other debts | ou owe the | government | | | |
| | Is the claim | subject to offset? | [| Claims for death of | r personal in | ury while you | u were intoxicated | | | |
| | ■ No | | | Other. Specify | | | | | | |
| | ☐ Yes | | | tl | hrough T | exas Atto | arage - Claim t orney General's by child suppo | Office as | | |
| Pa | rt 2: List A | All of Your NONPRIORITY | / Unsecured | Claims | | | | | | |
| 3. | | ors have nonpriority unsec | | | | | | | | |
| | ☐ No. You ha | ave nothing to report in this pa | art. Submit this | form to the court with | n your other s | chedules. | | | | |
| | Yes. | | | | | | | | | |
| 4. | unsecured cla | ir nonpriority unsecured cla im, list the creditor separately tor holds a particular claim, lis | for each claim | . For each claim lister | d, identify wh | at type of cla | aim it is. Do not list cl | aims already i | included in | Part 1. If more |

Total claim

| Debtor | Fontenot, Adam Dwayne | Case number (if know) 17-10284 | |
|--------|---|---|------------|
| 4.1 | ADT Security Services Nonpriority Creditor's Name | Last 4 digits of account number 7433 | \$1,140.87 |
| | Nonpholity Creditor's Name | When was the debt incurred? | |
| | 3190 S Vaughn Way Aurora, CO 80014-3512 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Debt | |
| 4.2 | Austin Radiological Association Nonpriority Creditor's Name | Last 4 digits of account number 8609 | \$171.23 |
| | , | When was the debt incurred? | |
| | PO Box 4099 | | |
| | Austin, TX 78765-4099 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Oneon an that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Medical debt | |
| 4.3 | Austin Regional Clinic | Last 4 digits of account number 0512 | \$55.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | PO Box 26726 | Then was the dest mounted: | |
| | Austin, TX 78755-0726 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify Medical debt | |
| | | | |

| Debto | Fontenot, Adam Dwayne | | Case number (if know) | 17-10284 | | | | |
|-------|---|--|-------------------------------|------------------|----------|--|--|--|
| 4.4 | Balcones Family Dental Nonpriority Creditor's Name | Last 4 digits of account number | 6677 | | \$143.00 | | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | | | | | | |
| | 9000 Anderson Mill Rd Austin, TX 78729-4501 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar de | ebts | | | | |
| | Yes | Other. Specify Medical bil | I | | | | | |
| 4.5 | Capital One Bank USA NA Nonpriority Creditor's Name | Last 4 digits of account number | 6676 | | \$311.00 | | | |
| | realistic of realist | When was the debt incurred? | 2016-02 | | | | | |
| | 15000 Capital One Dr Richmond, VA 23238-1119 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar de | ebts | | | | |
| | Yes | Other. Specify Revolving | account | | | | | |
| 4.6 | Convergent Outsourcing, Inc Nonpriority Creditor's Name | Last 4 digits of account number | 0181 | | \$289.00 | | | |
| | | When was the debt incurred? | 2015-12 | | | | | |
| | PO Box 9004 | | | | | | | |
| | Renton, WA 98057-9004 Number Street City State Zlp Code | _ As of the date you file, the claim | is: Check all that annly | | | | | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | s. Oneck all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce | that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar de | ebts | | | | |
| | Yes | Other Specify Open acco | | | | | | |

| Debto | Fontenot, Adam Dwayne | | Case number (if know) | 17-10284 | | | |
|-------|---|--|---|-----------------|----------|--|--|
| 4.7 | Credit Control Service Nonpriority Creditor's Name | Last 4 digits of account number | 2233 | | \$394.00 | | |
| | Nonphonty Creditor's Name | When was the debt incurred? | 2016-07 | | | | |
| | PO Box 607 Norwood, MA 02062-0607 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce t | hat you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | No | Debts to pension or profit-sharin | • | ots | | | |
| | Yes | Other. Specify Open acco | unt - Progressive | | | | |
| 4.8 | Credit One Bank NA Nonpriority Creditor's Name | Last 4 digits of account number | 5591 | | \$478.00 | | |
| | | When was the debt incurred? | 2016-01 | | | | |
| | PO Box 98875 Las Vegas, NV 89193-8875 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce t | hat you did not | | | |
| | Is the claim subject to offset? | report as priority claims | profit-sharing plans, and other similar debts | | | | |
| | ■ No | | | DIS | | | |
| | Yes | Other. Specify Revolving | account | | | | |
| 4.9 | First Premier Bank Nonpriority Creditor's Name | Last 4 digits of account number | 3835 | | \$283.00 | | |
| | | When was the debt incurred? | 2015-05 | | | | |
| | 3820 N Louise Ave | | | | | | |
| | Sioux Falls, SD 57107-0145 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | 7.0 0 44.0 , 04 , 11.0 0.4 | or or one an anat appry | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce t | hat you did not | | | |
| | ■ No | Debts to pension or profit-sharing | ring plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Revolving | account | | | | |

| Debtor | Fontenot, Adam Dwayne | | Case number (f know) | 17-10284 | | | |
|--------|---|---|-----------------------------------|------------------|----------|--|--|
| 4.10 | I C System Inc | Last 4 digits of account number | 5001 | | \$700.00 | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2012-07 | | | | |
| | PO Box 64378 Saint Paul, MN 55164-0378 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | | |
| | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing | g plans, and other similar del | | | | |
| | Yes | Other. Specify Open acco | unt | | | | |
| 4.11 | Merchants & Professional Nonpriority Creditor's Name | Last 4 digits of account number | 0630 | | \$35.00 | | |
| | 5508 Parkcrest Dr Ste 21 Austin, TX 78731-4905 | When was the debt incurred? | 2016-07 | | | | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | is: Check all that apply | | | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce t | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar del | bts | | | |
| | Yes | Other. Specify Open acco | unt | | | | |
| 4.12 | Midwest Recovery Systems Nonpriority Creditor's Name | Last 4 digits of account number | 2846 | | \$91.00 | | |
| | PO Box 899 Florissant, MO 63032-0899 | When was the debt incurred? | Unknown | | | | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce t | that you did not | | | |
| | No | Debts to pension or profit-sharin | ng plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Open acco | | | | | |

| Debtor | 1 Fontenot, Adam Dwayne | | Case number (f know) 17-10284 | | | | | |
|-----------------|--|--|--|---------------------------|--|--|--|--|
| 4.13 | Travis County District Court Clerk Nonpriority Creditor's Name Attn: Collections | Last 4 digits of account numb When was the debt incurred? | er <u>3541</u> | \$624.00 | | | | |
| | PO Box 679003 Austin, TX 78767-9003 Number Street City State Zlp Code | As of the date you file, the clai | i m is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | _ | | | | | | |
| | Debtor 1 only | Contingent | | | | | | |
| | Debtor 2 only | Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecu | ured claim: | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | | |
| | Is the claim subject to offset? | Obligations arising out of a series of | eparation agreement or divorce that you did not | | | | | |
| | ■ No | | aring plans, and other similar debts | | | | | |
| | □Yes | · | osts - D-1-FM-10-003541 | _ | | | | |
| 4.14 | ТХТад | Last 4 digits of account numb | er 1594 | \$2,500.23 | | | | |
| | Nonpriority Creditor's Name | _ · | | | | | | |
| | 12719 Burnet Rd Austin, TX 78727-4207 | When was the debt incurred? | _ | _ | | | | |
| | Number Street City State Zlp Code | As of the date you file, the cla | As of the date you file, the claim is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | _ | | | | | | |
| | Debtor 1 only | Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecu | ured claim: | | | | | |
| | \square Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sereport as priority claims | eparation agreement or divorce that you did not | | | | | |
| | No | <u> </u> | aring plans, and other similar debts | | | | | |
| | Yes | Other. Specify Toll chair | | _ | | | | |
| | | · | | | | | | |
| Part 3: | | • | nt you already listed in Parts 1 or 2. For examp | | | | | |
| is tryi have | ng to collect from you for a debt you owe to | someone else, list the original creditor nat you listed in Parts 1 or 2, list the ac | in Parts 1 or 2, then list the collection agenc Iditional creditors here. If you do not have ad | y here. Similarly, if you | | | | |
| | nd Address | On which entry in Part 1 or Part 2 did y | <u> </u> | | | | | |
| | est Recovery Syste | Line 4.12 of (Check one): | Part 1: Creditors with Priority Unsecured Cla | | | | | |
| | sant, MO 63032-0899 | | Part 2: Creditors with Nonpriority Unsecured | d Claims | | | | |
| | , | Last 4 digits of account number | 2846 | | | | | |
| | nd Address | On which entry in Part 1 or Part 2 did y | you list the original creditor? | | | | | |
| Suppo | of the Atty General/Child | Line 2.1 of (Check one): | Part 1: Creditors with Priority Unsecured Cla | | | | | |
| Attn: | Bankruptcy ox 12017 | | Part 2: Creditors with Nonpriority Unsecured | d Claims | | | | |
| Austii | n, TX 78711-2017 | Last 4 digits of account number | 8421 | | | | | |
| Part 4: | Add the Amounts for Each Type of L | Insecured Claim | | | | | | |
| | the amounts of certain types of unsecured of unsecured claim. | laims. This information is for statistica | al reporting purposes only. 28 U.S.C. §159. Ad | d the amounts for each | | | | |
| | | | Total Claim | | | | | |
| Total cl | 6a. Domestic support obligatio aims | ns | 6a. \$ 2,551.0 0 | <u>o</u> | | | | |

| Debtor 1 For | ntenot | , Adam Dwayne | Case r | number (if know) | 17-10284 |
|--------------|--------|---|--------|------------------|----------|
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 2,551.00 |
| | | | | Total | Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| otal claims | | | | | |
| rom Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 7,215.33 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 7,215.33 |

| Fill in this inform | | | | | |
|---|------------|--|-----------|--|---------------------|
| Debtor 1 Adam Dwayne Fontenot | | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | WESTERN DISTRICT OF TEXAS, AUSTIN DIVISION | | | |
| | 17-10284 | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with | whom you have the , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|----|-----------|----------------|--|---------------------|---|
| .1 | | | , , - · , , - · · · · · | | |
| | Name | | | | |
| | Number | Street | | | _ |
| _ | City | | State | ZIP Code | |
| .2 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 3 | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 4 | Name | | | | <u> </u> |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 5 | Name | | | | |
| | | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |

| Fill in this | s information to identify your | case: | | |
|---|---|---|--|--|
| Debtor 1 | Adam Dwayne Fo | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, fi | ling) First Name | Middle Name | Last Name | |
| | | WESTERN BISTRIST OF | TEVAS ALISTIN DI | \(\(\tau\) |
| United St | ates Bankruptcy Court for the: | WESTERN DISTRICT OF | TEXAS, AUSTIN DI | VISION |
| Case nun | nber 17-10284 | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Ott: -: - | J. Cower 40011 | | | |
| | al Form 106H | _ | | |
| Sched | dule H: Your Cod | ebtors | | 12/15 |
| are filing to and number case num 1. Do No Ye 2. Wi Califo | ogether, both are equally respondent the entries in the boxes on ber (if known). Answer every continuous you have any codebtors? (If you have any codebtors?) | the left. Attach the Addition question. You are filing a joint case, do not lived in a community property New Mexico, Puerto Rico, Telegraphs. | ect information. If mal Page to this page of list either spouse a erty state or territor exas, Washington, and | y? (Community property states and territories include Arizona, |
| | ■ 165. | | | |
| | In which community state Tametra Shanel Fon 1313 Dexford Dr Austin, TX 78753-16 Name of your spouse, former sp | tenot 05 | TX | . Fill in the name and current address of that person. |
| line 2 106D | again as a codebtor only if the | ors. Do not include your spo at person is a guarantor or | cosigner. Make sur | if your spouse is filing with you. List the person shown in e you have listed the creditor on Schedule D (Official Form se Schedule D, Schedule E/F, or Schedule G to fill out |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D, line |
| 3.1 | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | | | | |
| | Number Street City | State | ZIP Code | |
| | | | | Cabadata D. Kar |
| 3.2 | Name | | | ☐ Schedule D, line |
| | | | | ☐ Schedule E/F, line ☐ Schedule G, line |
| | | | | — Schedule S, line |
| | Number Street City | State | ZIP Code | |

| Fill | in this information to identify your cas | se: | | | | | | |
|-----------------|---|--|---|------------------|-------------------------|-----------------|--|----------|
| Deb | otor 1 Adam Dwayr | ne Fontenot | | | _ | | | |
| | otor 2 | | | | _ | | | |
| Unit | ted States Bankruptcy Court for the: | WESTERN DISTRICT DIVISION | OF TEXAS, AUSTIN | | _ | | | |
| | se number | | | | Che | eck if this is: | | |
| (If kn | own) | | | | · · · | | d filing nt showing postpetition cha f the following date: | apter 13 |
| <u>O</u> 1 | fficial Form 106I | | | | | MM / DD/ Y | YYY | |
| Sc | chedule I: Your Inco | me | | | | | | 12/15 |
| supp spou | s complete and accurate as possibilitying correct information. If you a use. If you are separated and your ch a separate sheet to this form. On the complex to the complex | re married and not filing spouse is not filing with | g jointly, and your spo n you, do not include i | use is nforma | living with ation about | you, includ | le information about you se. If more space is need | r ed, |
| 1. | Fill in your employment | | Dalitan 4 | | | Dalitano | | |
| | information. | | Debtor 1 | | | □ Emplo | or non-filing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | ☐ Not er | | |
| | employers. | Occupation | Service Manager | | | - | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | GPI TX-DMIV, Inc | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 7401 S Interstate Georgetown, TX | | -2338 | | | |
| | | How long employed the | ere? 3 years a | nd 7 r | nonths | | | _ |
| Par | Give Details About Mont | hly Income | | | | | | |
| unles If you | mate monthly income as of the dat ss you are separated. u or your non-filing spouse have more | than one employer, comb | | | | | | |
| spac | e, attach a separate sheet to this form | 1. | | | | | | |
| | | | | | For De | ebtor 1 | For Debtor 2 or non-filing spouse | |
| 2. | List monthly gross wages, salary deductions). If not paid monthly, ca | | | 2. | \$ | 3,000.00 | \$ N/A _ | |
| 3. | Estimate and list monthly overting | ne pay. | | 3. | +\$ | 6,689.86 | +\$ N/A | |
| 4. | Calculate gross Income. Add line | 2 + line 3. | | 4. | \$9,6 | 689.86 | \$N/A_ | |
| | | | | | | | | |

Specify:

11. +\$

0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. \$

4,536.92

Combined monthly income

| Debto | or 1 | Fontenot, Adai | n Dwayne | Case number (if known) | 17-10284 |
|-------|------|-------------------|--|------------------------|----------|
| 13. | Do y | ou expect an incr | ease or decrease within the year after you file this form? | | |
| | | Yes. Explain: | Debtor's income has had dramatic differences from started Debtor on a new pay system which is interpreted increase in income | | . , |

| Debtor 1 Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS, AUSTIN DIVISION Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known) Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Daughter 16 Page Pyes Daughter 11 Pyes Pyes |
|--|
| Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: DIVISION DIVISION DIVISION DIVISION DIVISION DIVISION DIVISION DIVISION DIVISION A supplement showing postpetition chapter 13 expenses as of the following date: MM / DD / YYYY MM / DD / YYYY DIVISION A supplement showing postpetition chapter 13 expenses as of the following date: MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY DIVISION A supplement showing postpetition chapter 13 expenses as of the following date: MM / DD / YYYY MM / DD / YYYY DEPENSES as of the following date: MM / DD / YYYY MM / DD / YYYY DEPENSES as of the following date: MM / DD / YYYY DIVISION DIVISION DIVISION DIVISION MM / DD / YYYY DIVISION DIVI |
| Comparison of the comparison |
| Official Form 106J Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 must file Official Form 106J-2, Expenses for Separate Householdof Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Daughter Daughter 11 Describe Yeur Household 12/15 Dependent's relationship to Dependent's age Does dependent live with you? No Daughter Daughter 11 Does dependents Pess |
| Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Daughter Daughter 16 Yes Daughter 11 |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Householdof Debtor 2. 2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Page 16 Daughter 16 Daughter 11 Peppendent's appendent's age Does dependent live with you? No Daughter 11 Peppendent's Telationship to Debtor 2 Does dependent live with you? No Daughter 16 Peppendent's Pes No No No Daughter 11 Pes |
| information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Page And Debtor 2 Dependent's relationship to Debtor 2 age Does dependent live with you? No Daughter 16 Yes No Daughter 11 |
| 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Householdof Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Dependent's relationship to Debtor 2 age Does dependent live with you? No Daughter 16 Yes. Daughter 11 |
| No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Dependent's relationship to Dependent's age Does dependent live with you? Daughter Daughter 16 Yes No Daughter 11 Yes |
| □ Yes. Does Debtor 2 live in a separate household? □ No □ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Householdof Debtor 2. 2. Do you have dependents? □ No Do not list Debtor 1 and Debtor 2. ■ Yes. Fill out this information for each dependent |
| Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Householdof Debtor 2. 2. Do you have dependents? |
| 2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Dependent's relationship to Debtor 2 age Do not state the dependents names. Daughter Dependent's relationship to Dependent's age Does dependent live with you? No Daughter 16 No No No Paughter 11 Yes |
| Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent |
| Debtor 2. Do not state the dependents names. Debtor 1 or Debtor 2 age live with you? Daughter 16 Daughter 11 Daughter 11 No No No No No No No No No |
| Do not state the dependents names. Daughter 16 Yes No Daughter 11 Yes |
| Daughter 11 □ No □ Yes |
| Daughter 11 ■ Yes |
| |
| □ No |
| Daughter 9 |
| □ No □ Yes |
| 3. Do your expenses include expenses of people other than |
| yourself and your dependents? |
| Part 2: Estimate Your Ongoing Monthly Expenses |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. |
| Include expenses paid for with non-cash government assistance if you know the |
| value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) Your expenses |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ |
| If not included in line 4: |
| 4a. Real estate taxes 4a. \$ 0.00 |
| 4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00 |
| 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 100.00 4d. Homeowner's association or condominium dues 4d. \$ 30.00 |
| 4d. Homeowner's association or condominium dues 4d. \$ 30.00 5. Additional mortgage payments for your residence, such as home equity loans 5. \$ 0.00 |

| Debtor | Fontenot, Adam Dwayne | Case number (if known) | 17-10284 |
|---------------|--|---------------------------------------|-----------------------------|
| 6. U 1 | tilities: | | |
| 6a | | 6a. \$ | 180.00 |
| 6b | | 6b. \$ | 80.00 |
| 60 | | 6c. \$ | 125.00 |
| 60 | | 6d. \$ | 0.00 |
| | ood and housekeeping supplies | 7. \$ | 550.00 |
| | hildcare and children's education costs | 8. \$ | 0.00 |
| | | | |
| | lothing, laundry, and dry cleaning | 9. \$ | 170.00 |
| | ersonal care products and services | 10. \$ | 60.00 |
| | edical and dental expenses | 11. \$ | 120.00 |
| | ransportation. Include gas, maintenance, bus or train fare. | 12. \$ | 220.00 |
| | o not include car payments. ntertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | |
| | | · | 125.00 |
| | haritable contributions and religious donations | 14. \$ | 0.00 |
| - | surance. | | |
| | o not include insurance deducted from your pay or included in lines 4 or 20. 5a. Life insurance | 15a. \$ | 0.00 |
| | 5b. Health insurance | 15b. \$ | 0.00 |
| | 5c. Vehicle insurance | 15c. \$ | |
| | | · · · · · · · · · · · · · · · · · · · | 153.00 |
| | 5d. Other insurance. Specify: | 15d. \$ | 0.00 |
| Sp | axes. Do not include taxes deducted from your pay or included in lines 4 or 20. pecify: | 16. \$ | 0.00 |
| | stallment or lease payments: | 47- ^ | |
| | 7a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| | 7b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| | 7c. Other. Specify: | 17c. \$ | 0.00 |
| | 7d. Other. Specify: | 17d. \$ | 0.00 |
| | our payments of alimony, maintenance, and support that you did not repor | | 0.00 |
| | educted from your pay on line 5, Schedule I, Your Income (Official Form 100 | | |
| _ | ther payments you make to support others who do not live with you. | \$ | 0.00 |
| | pecify: | 19. | |
| | ther real property expenses not included in lines 4 or 5 of this form or on S | | 0.00 |
| | Da. Mortgages on other property | 20a. \$ | 0.00 |
| | 0b. Real estate taxes | 20b. \$ | 0.00 |
| | Cc. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | Od. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| | De. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 1. O 1 | ther: Specify: | 21. +\$ | 0.00 |
|)2 C | alculate your monthly expenses | | |
| | 2a. Add lines 4 through 21. | \$ | 1,913.00 |
| | 2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106. | | 1,813.00 |
| | | J-2 J | |
| 22 | 2c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 1,913.00 |
| 3. C a | alculate your monthly net income. | | |
| | Ba. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 4,536.92 |
| | Bb. Copy your monthly expenses from line 22c above. | 23b\$ | 1,913.00 |
| | | | 1,313.00 |
| 23 | 3c. Subtract your monthly expenses from your monthly income. | | 0.000.00 |
| | The result is your monthly net income. | 23c. [\$ | 2,623.92 |
| | o you expect an increase or decrease in your expenses within the year after | | anno au donnoco le como C |
| | or example, do you expect to finish paying for your car loan within the year or do you expec odification to the terms of your mortgage? | t your mortgage payment to incre | ease or decrease because of |
| | No. | | |
| | | | |
| L | Yes. Explain here: | | |

page 2

| Fill in this info | rmation to identify your | case: | | |
|-----------------------------------|--|-----------------------------------|------------------------------------|--|
| Debtor 1 | Adam Dwayne Fo | ontenot | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | WESTERN DISTRICT OF TEXA | S, AUSTIN DIVISION | |
| Case number (if known) | 17-10284 | | | ☐ Check if this is an amended filing |
| Official For | | | | _ |
| Declara | tion About a | an Individual Dek | otor's Schedu | I les 12/15 |
| obtaining mone years, or both. | | n connection with a bankruptcy ca | | alse statement, concealing property, or 5250,000, or imprisonment for up to 20 |
| Did you p | ay or agree to pay some | one who is NOT an attorney to he | lp you fill out bankruptcy f | orms? |
| ■ No | | | | |
| ☐ Yes. | Name of person | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| that they a | alty of perjury, I declare retrue and correct. | that I have read the summary and | schedules filed with this α | |
| | Dwayne Fontenot ure of Debtor 1 | | Signature of Debtor 2 | |

Date

Date March 20, 2017

| Fill in t | his information | to identify you | case: | | | | | |
|-----------------------|---|---------------------------------|--|-------------|---|------------------------------------|--------------|---|
| Debtor | | dam Dwayne I | Fontenot Middle Name | | aat Nama | | | |
| Debtor | | i Name | wilddie Name | ı | ast Name | Ì | | |
| (Spouse it | | t Name | Middle Name | l | ast Name | | | |
| United | States Bankrupt | cy Court for the: | WESTERN DISTRICT (| OF TEXAS | S, AUSTIN DIVISION | I . | | |
| Case ni (if known) | · · · · · · · · · · · · · · · · · · · | 284 | | | | | _ c | heck if this is an |
| | | | | | | | ar | mended filing |
| | ial Form | - | | | | _ | | |
| State | ement of | Financial | Affairs for Indivi | duals | Filing for B | ankruptcy | | 4/16 |
| informa (if know | tion. If more s n). Answer eve | pace is needed, ry question. | ole. If two married people a attach a separate sheet to | this form | . On the top of any | | | |
| Part 1: | | | rital Status and Where You | u Lived B | efore | | | |
| 1. Wh | at is your curr | ent marital statu | s? | | | | | |
| | Married | | | | | | | |
| - | Not married | | | | | | | |
| 2. Du | ring the last 3 y | ears, have you | lived anywhere other than | where yo | ou live now? | | | |
| | No | | | | | | | |
| - | Yes. List all of | the places you liv | ved in the last 3 years. Do not | t include w | here you live now. | | | |
| De | ebtor 1 Prior Ac | dress: | Dates Debtor 1 there | l lived | Debtor 2 Prior Ac | dress: | | Dates Debtor 2 lived there |
| 60 |)5 | Crossing Rd | Apt From-To: 03/2012 - 08/ | /2015 | ☐ Same as Debtor | 1 | | ☐ Same as Debtor 1 From-To: |
| Αι | ustin, TX 787 | 94 | | | | | | |
| states a | nd territories incl No Yes. Make su | ude Árizona, Cal | rer live with a spouse or legifornia, Idaho, Louisiana, Ne edule H: Your Codebtors (Of | evada, Nev | w Mexico, Puerto Rio | | | |
| Part 2 | Explain the | Sources of You | r Income | | | | | |
| Fill | in the total amo | unt of income yo | nployment or from operatir u received from all jobs and have income that you receive | all busine | sses, including part- | time activities. | ious calenda | ar years? |
| | No | | | | | | | |
| | Yes. Fill in the | details. | | | | | | |
| | | | Debtor 1 | | | Debtor 2 | | |
| | | | Sources of income Check all that apply. | (befo | s income re deductions and sions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | anuary 1 of cu e you filed for l | | ■ Wages, commissions, bonuses, tips | | \$20,988.45 | ☐ Wages, combonuses, tips | missions, | |
| | | | ☐ Operating a business | | | ☐ Operating a | business | |

| | | | Debtor 1 | | Debtor 2 | |
|---------------|--------------------------------|--|---|---|---|--|
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For I (Jan | ast caler uary 1 to | ndar year: December 31, 2016) | ■ Wages, commissions, bonuses, tips | \$112,224.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| | | dar year before that: December 31, 2015) | ■ Wages, commissions, bonuses, tips | \$19,617.52 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| [| No | source and the gross in Fill in the details. | come from each source separatel | y. Do not include income that t | you listed in line 4. | |
| ! | No | Ç | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | No | Ç | Debtor 1 Sources of income | Gross income from each source | Debtor 2 Sources of income | (before deductions |
| Part | ■ No □ Yes. | Fill in the details. | Debtor 1 Sources of income | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income | (before deductions |
| Part | No Yes. | Fill in the details. t Certain Payments Yer Debtor 1's or Debtor Neither Debtor 1 no | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts | Debtor 2 Sources of income Describe below. | (before deductions and exclusions) |
| Part | No Yes. 3: Lis | Fill in the details. t Certain Payments Yer Debtor 1's or Debtor Neither Debtor 1 no individual primarily for During the 90 days be | Debtor 1 Sources of income Describe below. Du Made Before You Filed for E 2's debts primarily consumer r Debtor 2 has primarily consume a personal, family, or household efore you filed for bankruptcy, did | Gross income from each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts a purpose." | Debtor 2 Sources of income Describe below. are defined in 11 U.S.C. § 10 | (before deductions and exclusions) |
| Part | No Yes. 3: Lis | t Certain Payments Your Debtor 1's or Debtor 1 no individual primarily for During the 90 days be No. Go to lin Yes List belocreditor. | Debtor 1 Sources of income Describe below. Du Made Before You Filed for E 2's debts primarily consumer r Debtor 2 has primarily consum a personal, family, or household efore you filed for bankruptcy, did e 7. We each creditor to whom you paid Do not include payments for dor | Gross income from each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts a purpose." you pay any creditor a total of a total of \$6,425* or more in onestic support obligations, su | Debtor 2 Sources of income Describe below. are defined in 11 U.S.C. § 10: \$6,425* or more? ne or more payments and the | (before deductions and exclusions) 1(8) as "incurred by an etotal amount you paid tha |
| Part | No Yes. 3: Lis | r Debtor 1's or Debtor Neither Debtor 1 no individual primarily for During the 90 days be No. Go to lin Yes List belo creditor. payment | Debtor 1 Sources of income Describe below. Du Made Before You Filed for E 2's debts primarily consumer r Debtor 2 has primarily consume a personal, family, or household efore you filed for bankruptcy, did e 7. w each creditor to whom you paid | Gross income from each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts a purpose." you pay any creditor a total of a total of \$6,425* or more in onestic support obligations, sury case. | Debtor 2 Sources of income Describe below. are defined in 11 U.S.C. § 10: \$6,425* or more? ne or more payments and the ch as child support and alime | (before deductions and exclusions) 1(8) as "incurred by an etotal amount you paid tha |
| Part | No Yes. 3: Lis Are eithe No. | r Debtor 1's or Debtor Neither Debtor 1 no individual primarily for During the 90 days be No. Go to lin Yes List belo creditor. payment * Subject to adjustment of the position of the payment of the pay | Debtor 1 Sources of income Describe below. Du Made Before You Filed for E 2's debts primarily consumer r Debtor 2 has primarily consume a personal, family, or household efore you filed for bankruptcy, did e 7. w each creditor to whom you paid Do not include payments for dor s to an attorney for this bankruptcy | Gross income from each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts a purpose." you pay any creditor a total of a total of \$6,425* or more in o mestic support obligations, sury case. after that for cases filed on or a mer debts. | Debtor 2 Sources of income Describe below. are defined in 11 U.S.C. § 10 \$6,425* or more? the or more payments and the chas child support and alimentation after the date of adjustment. | (before deductions and exclusions) 1(8) as "incurred by an etotal amount you paid tha |
| Part | No Yes. 3: Lis Are eithe No. | r Debtor 1's or Debtor Neither Debtor 1 no individual primarily for During the 90 days be No. Go to lin Yes List belo creditor. payment * Subject to adjustment of the position of the payment of the pay | Debtor 1 Sources of income Describe below. Du Made Before You Filed for E 2's debts primarily consumer r Debtor 2 has primarily consume a personal, family, or household efore you filed for bankruptcy, did e 7. w each creditor to whom you paid Do not include payments for dor s to an attorney for this bankruptc ent on 4/01/19 and every 3 years a 2 or both have primarily consult efore you filed for bankruptcy, did | Gross income from each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts a purpose." you pay any creditor a total of a total of \$6,425* or more in o mestic support obligations, sury case. after that for cases filed on or a mer debts. | Debtor 2 Sources of income Describe below. are defined in 11 U.S.C. § 10 \$6,425* or more? the or more payments and the chas child support and alimentation after the date of adjustment. | (before deductions and exclusions) 1(8) as "incurred by an etotal amount you paid tha |

| Model Finance 01/2017, 02/2017, \$654.00 \$5,700.00 ☐ Mortgage 1068 W Town and Country Rd 03/2017 ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other ATV | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
|---|-----------------------------|------------------|-------------------|----------------------|---|
| | 1068 W Town and Country Rd | , , | \$654.00 | \$5,700.00 | ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors |

| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | yment for |
|-----|---|---|--|--|---|--|
| | Dynamic Motors 1500 E Cesar Chavez St Austin, TX 78702-4339 | 01/2017, 02/2017 | \$1,040.00 | \$17,472.00 | ☐ Mortgage ■ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other | ord payment |
| 7. | Within 1 year before you filed for bankruptc Insiders include your relatives; any general partr which you are an officer, director, person in cont business you operate as a sole proprietor. 11 U. No Yes. List all payments to an insider. | ners; relatives of any generator, or owner of 20% or mo | l partners; partnership re of their voting secu | os of which you are rities; and any man | a general part aging agent, in | ner; corporations of cluding one for a |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosig No Yes. List all payments to an insider | | ments or transfer an | y property on acc | count of a dek | t that benefited an |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name |
| Par | t 4: Identify Legal Actions, Repossessions | s, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankruptc List all such matters, including personal injury cand contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | rty repossessed, fo | | ed, attached, | |
| | Creditor Name and Address | Describe the Property Explain what happened | I | Date | | Value of the property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becan No Yes. Fill in the details. | | uding a bank or fina | ncial institution, s | set off any am | ounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Date a | action was | Amount |
| 12. | Within 1 year before you filed for bankruptc court-appointed receiver, a custodian, or an ■ No □ Yes | | rty in the possessio | n of an assignee | for the benefi | of creditors, a |
| | ☐ Yes | | | | | |

Case number (if known) 17-10284

Debtor 1 Fontenot, Adam Dwayne

| Del | otor 1 Fontenot, Adam Dwayne | Case numbe | r (if known) 17-10284 | |
|-----|--|--|---------------------------------|------------------------|
| | | | | |
| Par | t 5: List Certain Gifts and Contributions | | | |
| | | | | |
| 13. | _ | v, did you give any gifts with a total value of more the | nan \$600 per person? | |
| | ■ No☐ Yes. Fill in the details for each gift. | | | |
| | Gifts with a total value of more than \$600 per | Describe the gifts | Dates you gave | Value |
| | person | beachine the girts | the gifts | Value |
| | Person to Whom You Gave the Gift and | | | |
| | Address: | | | |
| 14. | Within 2 years before you filed for bankruptcy | , did you give any gifts or contributions with a tota | I value of more than \$6 | 600 to any charity? |
| | No | | | |
| | Yes. Fill in the details for each gift or contribu | ution. | | |
| | Gifts or contributions to charities that total | Describe what you contributed | Dates you | Value |
| | more than \$600 Charity's Name | | contributed | |
| | Address (Number, Street, City, State and ZIP Code) | | | |
| Par | t 6: List Certain Losses | | | |
| 15 | Within 1 year before you filed for hankruntey | or since you filed for bankruptey, did you lose any | hing because of theft | fire other dispeter |
| 15. | or gambling? | or since you filed for bankruptcy, did you lose anyt | ning because of thert, | fire, other disaster, |
| | _ | | | |
| | No | | | |
| | Yes. Fill in the details. | | D | |
| | how the loss occurred | cribe any insurance coverage for the loss | Date of your loss | Value of property lost |
| | | ude the amount that insurance has paid. List pending trance claims on line 33 of Schedule A/B: Property. | | |
| Dat | t 7. Liet Certain Bouments or Transfers | | | |
| Pal | t 7: List Certain Payments or Transfers | | | |
| 16. | Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepa | did you or anyone else acting on your behalf pay or | or transfer any property | y to anyone you |
| | | rs, or credit counseling agencies for services required in | your bankruptcy. | |
| | | | | |
| | No No Sill in the details | | | |
| | Yes. Fill in the details. | Beautotics and backers of any activities | D-1 | A |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was | Amount of payment |
| | Email or website address | | made | 1.7 |
| | Person Who Made the Payment, if Not You | Attennes de Feee / \$2 000 | 00/0047 | £4 000 00 |
| | S. Jason Gallini, PLLC PO Box 1283 | Attorney's Fees / \$3,600 | 02/2017, 03/2017 | \$1,000.00 |
| | Round Rock, TX 78680-1283 | | | |
| | www.glawfirms.com | | | |
| | O Jacon Callini BLLC | Filing For Ob 40 / 2040 | 00/0047 | #040.00 |
| | S. Jason Gallini, PLLC PO Box 1283 | Filing Fee - Ch 13 / \$310 | 03/2017 | \$310.00 |
| | Round Rock, TX 78680-1283 | | | |
| | | | | |
| | ABACUS Credit Counseling | Credit Counseling Course / \$25.00 | 03/2017 | \$25.00 |
| | www.abacusco.org | | | |
| | www.abacuscc.org | | | |

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | |
|-----|---|--|---------------------------|--------------------------------|---|---|--|
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address | Description and v transferred | alue of any prop | erty | Date payment or transfer was made | Amount of payment | |
| 18. | transferred in the ordinary course of your bus Include both outright transfers and transfers made | | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transfer | | Describe a payments paid in ex | any property or received or debts change | Date transfer was made | |
| 19. | 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | which you are a | | |
| | Name of trust | Description and v | alue of the prope | erty transferre | ed | Date Transfer was made | |
| Par | t 8: List of Certain Financial Accounts, Instr | ruments, Safe Deposit I | Boxes, and Stora | ige Units | | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No | other financial account | s; certificates of | | | | |
| | Yes. Fill in the details. | | | | | | |
| | | Last 4 digits of account number | Type of accour instrument | clo mo | ite account was osed, sold, oved, or insferred | Last balance before closing or transfer | |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ar before you filed for l | oankruptcy, any | safe deposit l | box or other deposito | ry for securities, | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, St and ZIP Code) | | Describe the | contents | Do you still have it? | |
| 22. | Have you stored property in a storage unit or | place other than your | nome within 1 ye | ar before you | ı filed for bankruptcy? | ? | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S and ZIP Code) | | Describe the | contents | Do you still have it? | |
| Par | 9: Identify Property You Hold or Control fo | or Someone Else | | | | | |

Case number (if known)

17-10284

, ,

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for

Debtor 1 Fontenot, Adam Dwayne

| Del | Fontenot, Adam Dwayne | | Case number (if known) 17-10284 | <u> </u> |
|-----|---|---|-------------------------------------|----------------------|
| | | | | |
| | someone. | | | |
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| Pa | t 10: Give Details About Environmental Inform | ation | | |
| For | the purpose of Part 10, the following definitions | apply: | | |
| • | Environmental law means any federal, state, or toxic substances, wastes, or material into the ai controlling the cleanup of these substances, wastes, | ir, land, soil, surface water, groundv | | |
| | $\it Site$ means any location, facility, or property as own, operate, or utilize it, including disposal sit | es. | | |
| | Hazardous material means anything an environ material, pollutant, contaminant, or similar term | | waste, hazardous substance, toxic | substance, hazardous |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of when | they occurred. | |
| 24. | Has any governmental unit notified you that you | u may be liable or potentially liable | under or in violation of an environ | mental law? |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envir | ronmental law? Include settlements | s and orders. |
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Pai | t 11: Give Details About Your Business or Con | • | | |
| | Within 4 years before you filed for bankruptcy, | · | v of the following connections to a | ny husiness? |
| | ☐ A sole proprietor or self-employed in a | · | , | ny buomico. |
| | ☐ A member of a limited liability company | •• | • | |
| | ☐ A partner in a partnership | (220) or miniou nabinty paranorom | p (==.) | |
| | ☐ An officer, director, or managing execut | tive of a cornoration | | |
| | ☐ An owner of at least 5% of the voting or | • | | |
| | - All owner of at least 3% of the voting of | equity securities of a corporation | | |

| ı | No. None of the above applies. Go to P | art 12. | |
|---------------------------|--|---|---|
| [| · · ☑ Yes. Check all that apply above and fill | in the details below for each business. | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. |
| | | | Dates business existed |
| | nstitutions, creditors, or other parties. | cy, did you give a financial statement to an | yone about your business? Include all financial |
| [| ■ No □ Yes. Fill in the details below. | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | |
| Part | 12: Sign Below | | |
| true a bankr 18 U.S | | statement, concealing property, or obtaining | eclare under penalty of perjury that the answers are ing money or property by fraud in connection with a oth. |
| Ada | m Dwayne Fontenot ature of Debtor 1 | Signature of Debtor 2 | |
| Date | March 20, 2017 | Date | |
| Did yo ■ No □ Yes | | nt of Financial Affairs for Individuals Filing | for Bankruptcy (Official Form 107)? |
| | ou pay or agree to pay someone who is not | an attorney to help you fill out bankruptcy | forms? |
| ■ No | | otcy Petition Preparer's Notice, Declaration, and | d Signature (Official Form 119). |

Case number (if known) 17-10284

Debtor 1 Fontenot, Adam Dwayne

| Fill in this information to identify your case: | | | | | | | |
|---|----------------------|--|--|--|--|--|--|
| Debtor 1 | Adam Dwayne Fontenot | | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | | |
| United States Bankruptcy Court for the: | | Western District of Texas, Austin Division | | | | | |
| Case number (if known) | 17-10284 | | | | | | |

| Check as directed in lines 17 and 21: | | | | | | |
|---|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| • | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 3. The commitment period is 3 years. | | | | | |
| | 4. The commitment period is 5 years. | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| page | o, write your name and base number (ii known). | | | | | | |
|---|---|---------------------------------------|-----------------------|--------------------------------------|---|---|-------------------|
| Part | 1: Calculate Your Average Monthly Income | | | | | | |
| 1. | What is your marital and filing status? Check one o | nly. | | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | | | | | | |
| | ☐ Married. Fill out both Columns A and B, lines 2-11. | | | | | | |
| 10 6 | Il in the average monthly income that you received from al 11(10A). For example, if you are filing on September 15, the 6- months, add the income for all 6 months and divide the total by you the same rental property, put the income from that property | month period w / 6. Fill in the re | vould be esult. Do | e March 1 throug o not include an | gh August 31. If the am y income amount more | ount of your monthly income than once. For example, if bo | varied during the |
| | | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | | | | | \$9,689.86 | \$ | |
| 3. | Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | | | | \$ | \$ | |
| 4. | All amounts from any source which are regularly p of you or your dependents, including child support from an unmarried partner, members of your household roommates. Include regular contributions from a spous Do not include payments you listed on line 3 | ontributions parents, and | \$ 0.00 | \$ | | | |
| 5. | Net income from operating a business, profession, or farm | Debtor 1 | | | | | |
| | Gross receipts (before all deductions) | \$0. | .00 | | | | |
| | Ordinary and necessary operating expenses | | .00 | | | | |
| | Net monthly income from a business, profession, or fa | rm \$0. | .00 | Copy here -> | \$ | \$ | |
| 6. | Net income from rental and other real property | Debtor 1 | | | | | |
| | Gross receipts (before all deductions) | · — | .00 | | | | |
| | Ordinary and necessary operating expenses | · · · · · · | .00 | | | | |
| | Net monthly income from rental or other real property | ¢ 0. | .00 (| Copy here -> : | \$ 0.00 | \$ | |

| | | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | | |
|------------|---------|--|---|------------------|-------------------|--------------|-----------------------------------|-------------------|----------------------------|
| 7. | Intere | st, dividends, and royalties | | | \$ | 0.00 | \$ | | |
| 8. | Unem | ployment compensation | | | \$ | 0.00 | \$ | | |
| | Social | enter the amount if you contend that the amount receive Security Act. Instead, list it here: | | ınder the | | | | | |
| | For | you \$ | 0 | .00_ | | | | | |
| | For | your spouse \$ | | | | | | | |
| 9. | | on or retirement income. Do not include any amount rethe Social Security Act. | eceived that was | a benefit | \$ | 0.00 | \$ | | |
| 10. | not inc | the from all other sources not listed above. Specify the clude any benefits received under the Social Security Act on of a war crime, a crime against humanity, or internation assary, list other sources on a separate page and put the | t or payments rec nal or domestic te | eived as | • | | | | |
| | | | | | \$ | 0.00 | \$ | | |
| | | | | | \$ | 0.00 | \$ | | |
| | | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | | |
| 11. | | late your total average monthly income. Add lines 2 column. Then add the total for Column A to the total for | | \$ | 9,689.86 | + \$_ | |]=[_{\$} | 9,689.86 |
| Part | 2: | Determine How to Measure Your Deductions from | Income | | | J L | | | al average nthly income |
| 12. 13. | Calcu | your total average monthly income from line 11late the marital adjustment. Check one: 'ou are not married. Fill in 0 below. | | | | | | \$ | 9,689.86 |
| | □ Y | ou are married and your spouse is filing with you. Fill in | 0 below. | | | | | | |
| | □ Y | ou are married and your spouse is not filing with you. | | | | | | | |
| | | ill in the amount of the income listed in line 11, Columnuch as payment of the spouse's tax liability or the spous | | | | | | of you or | your dependents |
| | | Below, specify the basis for excluding this income and the separate page. | e amount of incor | ne devote | ed to each pu | rpose. If n | ecessary, list a | additional | adjustments on |
| | If | this adjustment does not apply, enter 0 below. | | | | | | | |
| | | | | - 💲 — | | _ | | | |
| | | | | | | _ | | | |
| | | | | · * | | | | | |
| | | Total | | \$ | 0.0 | <u> </u> | py here=> | | 0.00 |
| 14. | Your | current monthly income. Subtract line 13 from line | 12. | | | | | \$ | 9,689.86 |
| 15. | Calc | ulate your current monthly income for the year. Fol | llow these steps: | | | | | | 0.000.00 |
| | 15a. | Copy line 14 here=> | | | | | | \$ | 9,689.86 |
| | | Multiply line 15a by 12 (the number of months in a ye | ear). | | | | | X ′ | 12 |
| | 15b. | The result is your current monthly income for the year | for this part of the | e form | | | | \$ 1 | 16,278.32 |

| 16 | . Calcu | late t | he median family income that applies to y | ou. Follow th | nese steps: | | | |
|-----|----------------|--------------------|---|-----------------|--|------------------|----------|------------------|
| | 16a. F | ill in t | he state in which you live. | TX | | | | |
| | 16b. F | Fill in t | the number of people in your household. | 4 | | | | |
| | ٦ | Γο find | the median family income for your state and so the alist of applicable median income amounts stions for this form. This list may also be availa | , go online ι | using the link specified in the separate | | \$ | 75,885.00 |
| 17 | | | e lines compare? | ibio at trio be | and uptoy olorico orrido. | | | |
| | 17a. | | Line 15b is less than or equal to line 16c. C <i>U.S.C.</i> § 1325(b)(3). Go to Part 3. Do NOT | | | | | rmined under 11 |
| | 17b. | • | Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 about 15 about 15 about 16 about | lation of Yo | • | | | • |
| Par | t 3: | Calc | culate Your Commitment Period Under 11 L | J.S.C. § 132 | 5(b)(4) | | | |
| 18. | Сору | your | total average monthly income from line 1 | 1 | | \$ | | 9,689.86 |
| 19. | that ca | alculat ie, cop | e marital adjustment if it applies. If you are reting the commitment period under 11 U.S.C. § poy the amount from line 13. | 1325(b)(4) | spouse is not filing with you, and you cor allows you to deduct part of your spouse's | | | 0.00 |
| | 19a. I | r the r | marital adjustment does not apply, fill in 0 on | line 19a. | | -\$ | | 0.00 |
| | 19b. S | Subtra | act line 19a from line 18. | | | | \$ | 9,689.86 |
| 20. | Calcu | ılate y | our current monthly income for the year. | Follow these | e steps: | | | |
| | 20a. (| Сору I | line 19b | | | | \$ | 9,689.86 |
| | ľ | Multipl | ly by 12 (the number of months in a year). | | | | x | 12 |
| | 20b. T | Γhe re | esult is your current monthly income for the yea | ar for this par | rt of the form | | \$ | 116,278.32 |
| | 20c. (| Сору t | the median family income for your state and size | ze of househ | old from line 16c | | \$ | 75,885.00 |
| | 21. i | low d | lo the lines compare? | | | | | , |
| | I | | ine 20b is less than line 20c. Unless otherwise 3 <i>years</i> . Go to Part 4. | e ordered by | the court, on the top of page 1 of this form | m, check box 3 | , The c | ommitment period |
| | ı | | ine 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4. | ess otherwise | e ordered by the court, on the top of page | 1 of this form, | check l | oox 4, The |
| Par | t 4: | Sign | n Below | | | | | |
| | By sig | ıning h | nere, under penalty of perjury I declare that the | information | on this statement and in any attachments | s is true and co | rrect. | |
| > | (<u>/s/</u> / | Adam | n Fontenot | | | | | |
| | | | wayne Fontenot of Debtor 1 | | | | | |
| | Ū | Mar | ch 20, 2017 | | | | | |
| | If you | | ked 17a, do NOT fill out or file Form 122C-2. | | | | | |
| | If you | check | ked 17b, fill out Form 122C-2 and file it with t | his form. On | line 39 of that form, copy your current n | nonthly income | e from l | ine 14 above. |

| Fill in this information to identify your case: | | | | | |
|--|------------------|------|--|--|--|
| Debtor 1 | Adam Dwayne Font | enot | | | |
| Debtor 2 (Spouse, if filing) | | | | | |
| United States Bankruptcy Court for the: Western District of Texas, Austin Division | | | | | |
| Case number (if known) | 17-10284 | | | | |

☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122G-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4 Living 0 Housing

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

1,509.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

| People who are under 65 years of age | | | | | |
|--|-----|--------|-------------|-------------------|-----------|
| 7a. Out-of-pocket health care allowance per person | \$_ | 54 | | | |
| 7b. Number of people who are under 65 | x _ | 4 | | | |
| 7c. Subtotal. Multiply line 7a by line 7b. | \$_ | 216.00 | Copy here=> | \$216.00 | |
| People who are 65 years of age or older | | | | | |
| 7d. Out-of-pocket health care allowance per person | \$_ | 130 | | | |
| 7e. Number of people who are 65 or older | x _ | 0 | | | |
| 7f. Subtotal. Multiply line 7d by line 7e. | \$_ | 0.00 | Copy here=> | \$0.00_ | |
| 7g. Total. Add line 7c and line 7f | | | \$216.00 | Copy total here=> | \$216.00_ |

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

- Housing and utilities Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.
- Housing and utilities Mortgage or rent expenses:
 - 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

1.669.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

| zama apto): 110/4 arrido a | , | | | | | | | |
|----------------------------|---|---------------|--------------------|----------------|--------|----------------|-----------------------|-------------------|
| Name of the creditor | | Avera paym | age monthly ent | | | | | |
| Planet Home Lendin | ng, LLC | \$ | 1,177.80 | - | | | | |
| 9b. Tc | otal average monthly payment | \$ | 1,177.80 | Copy here=> | -\$1,^ | | Repeat the on line 33 | nis amount 3a. |
| . Net mortgage or rent exp | ense. | | | , | | 1 | | |
| | erage monthly paymen) from line in the first from line is less than \$0, enter \$0. | e 9a (m | ortgage or | \$ | 491.20 | Copy here=> | \$ | 491.20 |

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

9c.

| 11. | Local transportation expenses: Check the number of vehicle | les for which you claim ar | n ownership or operating ex | pense. | |
|------|---|----------------------------|-----------------------------|---------------------------------------|--------|
| | □ 0. Go to line 14. | | | | |
| | ■ 1. Go to line 12. | | | | |
| | ☐ 2 or more. Go to line 12. | | | | |
| 12. | Vehicle operation expense: Using the IRS Local Standards expenses, fill in the <i>Operating Costs</i> that apply for your Censu | | | e operating \$ | 220.00 |
| 13. | Vehicle ownership or lease expense: Using the IRS Local S may not claim the expense if you do not make any loan or lease two vehicles. | | | | |
| Ve | hicle 1 Describe Vehicle 1: | | | | |
| 13a. | Ownership or leasing costs using IRS Local Standard | | | | |
| 13b. | . Average monthly payment for all debts secured by Vehicle 1. | | | | |
| | Do not include costs for leased vehicles. | | | | |
| | To calculate the average monthly payment here and on line contractually due to each secured creditor in the 60 months aff Then divide by 60. | | | | |
| | Name of each creditor for Vehicle 1 | Average monthly payment | | | |
| | Gm Financial | \$ 810.00 | | | |
| | Total Average Monthly Payment | \$810.00 | Copy here => -\$810 | Repeat this amount on line 33b. | |
| 13c. | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if the numbert is less than \$0 |), enter \$0 | \$0.00 | Copy net Vehicle 1 expense here => \$ | 0.00 |
| Ve | hicle 2 Describe Vehicle 2: | | | _ | |
| 134 | Ownership or leasing costs using IRS Local Standard | | \$ 0.00 | | |
| | Average monthly payment for all debts secured by Vehicle 2. Eleased vehicles. | | <u> </u> | | |
| | Name of each creditor for Vehicle 2 | Average monthly payment | | | |
| | | \$ | | | |
| | Total average monthly payment | \$ | Copy here => -\$ 0.0 | Repeat this amount on line 33c. | |
| 13f. | Net Vehicle 2 ownership or lease expense | | | Copy net | |
| | Subtract line 13e from line 13d. if this number is less than \$0 |), enter \$0 | \$ | Vehicle 2 expense here => \$ | 0.00 |
| 14. | Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of w | | | ∟ the \$ | 0.00 |
| 15 | Additional public transportation expense: If you claimed 1 | | • | | |
| | deduct a public transportation expense, you may fill in what you more than the IRS Local Standard for Public Transportation. | | | | 0.00 |

| ebtor 1 | Fontenot, Adam Dwayne | Case number (<i>if known</i>) 17-10284 | | |
|---------|--|---|--------------|-----------|
| 28. | Additional home energy costs. Your hom | e energy costs are included in your insurance and operating expenses on line 8. | | |
| | If you believe that you have home energy conthen fill in the excess amount of home energy | sts that are more than the home energy costs included in expenses on line 8, y costs. | | |
| | You must give your case trustee documenta claimed is reasonable and necessary. | tion of your actual expenses, and you must show that the additional amount | \$ | 0.0 |
| | Education expenses for dependent child \$160.42* per child) that you pay for your depelementary or secondary school. | Iren who are younger than 18. The monthly expenses (not more than bendent children who are younger than 18 years old to attend a private or public | | |
| | You must give your case trustee documenta reasonable and necessary and not already a | tion of your actual expenses, and you must explain why the amount claimed is counted for in lines 6-23. | | |
| | * Subject to adjustment on 4/01/19, and eve | ry 3 years after that for cases begun on or after the date of adjustment. | \$ | 0.0 |
| 1 | | he monthly amount by which your actual food and clothing expenses are higher ances in the IRS National Standards. That amount cannot be more than 5% of S National Standards. | | |
| | To find a chart showing the maximum additional this form. This chart may also be available a | onal allowance, go online using the link specified in the separate instructions for the bankruptcy clerk's office. | | |
| • | You must show that the additional amount c | laimed is reasonable and necessary. | \$ | 0.0 |
| | Continuing charitable contributions. The instruments to a religious or charitable organ | e amount that you will continue to contribute in the form of cash or financial nization. 11 U.S.C. § 548(d)(3) and (4). | | |
| | Do not include any amount more than 15% | of your gross monthly income. | | 0.0 |
| | Add all of the additional expense deduct Add lines 25 through 31. | ions. | \$ | 268.68 |
| | | | | |
| | o calculate the total average monthly paymene 60 months after you file for bankruptcy. The Mortgages on your home | · | _ | e monthly |
| 33a. | Copy line 9b here | | paymeı \$ | 1,177.80 |
| oou. | Loans on your first two vehicles | => | Ψ | 1,177.00 |
| 33b. | | => | \$ | 810.00 |
| 33c. | Canadiaa 40a bana | | Ψ • | 0.00 |
| 33d. | List other secured debts | => | Ψ | 0.00 |
| | e of each creditor for other secured debt | Identify property that secures the debt Does payment include taxes or insurance? | | |
| | | ■ No | | |
| | Model Finance Company | 4 Miles aled ATV | \$ | 96.10 |
| | | | | |
| | | ☐ Yes | \$ | |
| | | | · | |
| | | ☐ Yes + | \$ | |
| | | | Ť | |
| | | Copy | | |

| ☐ No. | Go to line 35. | | | | | | | | |
|-------------------------------------|--|--|--|-----------------|----------|---------------|-------------------------|-----------------|----------|
| ■ Yes. | State any amount that you line 33, to keep possessior 60 and fill in the information | of your property (called t | | | | ı | | | |
| Name of the | creditor | Identify property that s | secures the deb | t | Tota | I cure amount | | onthly mount | cure |
| Gm Fina | ncial | | | \$ | | 1,843.20 | ÷ 60 = \$ | | 30.72 |
| Planet Ho | ome Lending, LLC | | | \$ | | 8,145.00 | ÷ 60 = \$ | | 135.75 |
| | | | | \$ | | | ÷ 60 = +\$ | | |
| | | | | Total | \$ | 166.47 | Copy total here=> | . \$ | 166.47 |
| | owe any priority claims - s | | | | at | | | | |
| | due as of the filing date o | f your bankruptcy case | ? 11 U.S.C. § 5 | 507. | | | | | |
| | Go to line 36. | Hartina and design also | D | | | | | | |
| ■ Yes. | Fill in the total amount of a priority claims, such as the | | . Do not includ | e current or on | going | | | | |
| | Total amount of all past- | due priority claims | | | \$ | 2,551.20 | ÷ 60 | \$_ | 42.52 |
| 36. Projecte | ed monthly Chapter 13 plar | payment | | | \$ | | _ | | |
| Office of Executive To find a | multiplier for your district as the United States Courts (for e Office for United States Trailist of district multipliers that inclinstructions for this form. This list | or districts in Alabama an ustees (for all other distric udes your district, go online | d North Caroli ets). using the link sp | na) or by the | ×_ | | 7.0 | | |
| Average | monthly administrative exper | se | | | \$ | | Copy tota here=> | | |
| | of the deductions for debes 33e through 36. | t payment. | | | | | | \$ | 2,292.89 |
| Γotal Deduc | ctions from Income | | | | | | | | |
| 38. Add all | of the allowed deductions. | | | | | | | | |
| | ne 24,All of the expenses all se allowances | owed under IRS | \$ | 7,402.22 | 2 | | | | |
| Copy li | ne 32, All of the additional ex | pense deductions | \$ | 268.68 | <u> </u> | | | | |
| Copy li | ne 37, All of the deductions for | or debt payment | +\$ | 2,292.89 | | | | | |
| | | | | | | | | | |

☐ Increase

☐ Decrease

☐ Increase

☐ Decrease

| art 2: | Determine Yoເ | r Disposable Income Un | der 11 U.S.C. § 1325(b) | (2) | | | | |
|--------------------------------------|---|--|---|--|-------------|----------------------------------|--------------------|-----------|
| | | rent monthly income froi Current Monthly Income a | | | | | \$ | 9,689.86 |
| childr disabil in acco | en. The monthl lity payments for | ly necessary income you y average of any child suppor or a dependent child, repoi plicable nonbankruptcy law ild. | port payments, foster ca rted in Part I of Form 12 | re payments, or 2C-1, that you rec | eived | S(| 0.00 | |
| emplo _y U.S.C | yer withheld fro | etirement deductions. The m wages as contributions f us all required repayments a). | or qualified retirement pl | ans, as specified in | | 390 | 0.32 | |
| 42. Total | of all deductio | ns allowed under 11 U.S. | .C. § 707(b)(2)(A). Copy | line 38 here | .=> \$ | 9,963 | 3.79 | |
| and yo | ou have no reas | al circumstances. If spec onable alternative, describe give your case trustee a de r the expenses. | the special circumstan | ces and their | | | - | |
| Describe | the special cir | cumstances | | Amount of exp | pense | | | |
| | | | | \$ | | _ | | |
| | | | | \$ | | _ | | |
| | | | | \$ | | _ | | |
| | | | Total \$ | 0.00 | | opy ere=>\$ | 0.00 | |
| 44. Total | adjustments. | Add lines 40 through 43 | | => | \$ | 10,354.11 | Copy here=> -\$ | 10,354.11 |
| 45. Calcu | llate your mon | thly disposable income ι | under § 1325(b)(2). Sub | otract line 44 from | line 39 |). | \$ | -664.25 |
| art 3: | Change in Inco | ome or Expenses | | | | | | |
| in this bankru examp columi | form have char uptcy petition ar ble, if the wages n, enter line 2 ir | or expenses. If the income aged or are virtually certain and during the time your cast reported increased after you the second column, explain dill in the amount of the increase. | to change after the date e will be open, fill in the i ou filed your petition, che in why the wages increa | you filed your nformation below. eck 122C-1 in the f | For irst | | | |
| Form | Line | Reason for change | | Date of chang | ge | Increase or decrease? | Amount of c | hange |
| ☐ 122C-1 ☐ 122C-2 ☐ 122C-1 | | | | | | ☐ Increase ☐ Decrease ☐ Increase | \$ | |
| ☐ 122C-2 | | | | | | ☐ Decrease | \$ | |

☐ 122C-1

☐ 122C-2

☐ 122C-1

☐ 122C-2

| Debtor 1 Fontenot, Adam Dwayne Case number (if known) 17-10284 |
|--|
|--|

| Part 4: | Sian | Below |
|---------|------|--------------|

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Adam Fontenot

Adam Dwayne Fontenot Signature of Debtor 1

Date March 20, 2017

MM / DD / YYYY

United States Bankruptcy Court Western District of Texas, Austin Division

| In re | Fonte | not, Adam Dwayne | Case No. | 17-10284 |
|-------|------------------|--|-------------------------------------|---|
| | Debto | r | Chapter | 13 |
| | DIS | SCLOSURE OF COMPENSATION OF | F ATTORNI | EY FOR DEBTOR |
| 1. | named bankruj | nt to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 debtor(s) and that compensation paid to me within ptcy, or agreed to be paid to me, for services rend plation of or in connection with the bankruptcy can | n one year befo ered or to be re | re the filing of the petition in ndered on behalf of the debtor(s) in |
| | For lega | al services, I have agreed to accept | | \$ <u>3,600.00</u> |
| | Prior to | the filing of this statement I have received | | \$ <u>1,000.00</u> |
| | Balance | e Due | | \$ <u>2,600.00</u> |
| 2. | The sou | urce of the compensation paid to me was: Debtor []Other (specify) | | |
| 3. | The sou | urce of compensation to be paid to me is: Debtor []Other (specify) | | |
| 4. | | have not agreed to share the above-disclosed comers and associates of my law firm. | npensation with | any other person unless they are |
| | membe | ave agreed to share the above-disclosed compensars or associates of my law firm. A copy of the agrasharing in the compensation, is attached. | | |
| 5. | | rn for the above-disclosed fee, I have agreed to reactuding: | nder legal servi | ce for all aspects of the bankruptcy |
| | a. | Analysis of the debtor's financial situation, and whether to file a petition in bankruptcy; | rendering advi | ce to the debtor in determining |
| | b. | Preparation and filing of any petition, schedules required; | s, statements of | affairs and plan which may be |
| | c. | Representation of the debtor at the meeting of c adjourned hearings thereof; | reditors and co | nfirmation hearing, and any |

| d. | Representation of the | debtor in adversary | proceedings and other | r contested bankruptcy matters; |
|----|-----------------------|----------------------|-----------------------|---------------------------------|
| u. | representation of the | debioi ili adversary | proceedings and other | contested bankruptey matters, |

- e. [Other provisions as needed]
- 6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Adversary actions, motions to reinstate case, and any and all matters referenced in the Standing Order Regarding Benchmark Fees.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 20, 2017 /s/ Jason Gallini

Date Signature of Attorney

Gallini Law PLLC

Name of law firm